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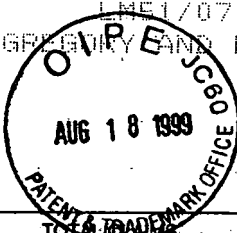
Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

021567

WELLS ST JOHN ROBERTS GREGORY AND MATKIN  
SUITE 1300  
601 W FIRST AVENUE  
SPOKANE WA 99201-3828



I hereby certify that this issue fee is being hand-delivered to the Issue-Fee Branch, Assistant Commissioner of Patents, Washington, D.C. 20231 on the date indicated below.

Sunny Brown  
(Depositor's Name)

Sunny Brown  
(Signature)

8-18-99  
(Date)

| APPLICATION NO.   | FILING DATE | TOTAL DUES | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
|---|-------------|------------|-----------------------------|---------------|
| 08/922,491  | 09/03/97    | 023        | DALENCOURT, Y               | 2735 07/19/99 |
| First Named Applicant: BLACK, 35 USC 154(b) term ext. = 0 Days. |             |            |                             |               |

**TITLE OF INVENTION** METHOD FOR RESOLVING SIGNAL COLLISIONS BETWEEN MULTIPLE RFID TRANSPONDERS IN A FIELD

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE   | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------|----------|
| 2 021567          | 340-825.540    | V92       | UTILITY     | NO           | \$1210.00 | 10/19/99 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wells, St. John, Roberts,  
1 Gregory & Matkin, P.S.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE MICRON COMMUNICATIONS, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) BOISE, IDAHO USA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☒ Issue Fee
- ☒ Advance Order - # of Copies 10

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- ☐ Issue Fee
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Deepak Malhotra  
Deepak Malhotra, Reg. No. 33,560

(Date) 8/17/99  
August 17, 1999

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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